

Fill in this information to identify your case:

United States Bankruptcy Court for the:

**District of Maryland**

Case number (*If known*): \_\_\_\_\_ Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

## Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

##### About Debtor 1:

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Donna**

First name

**Johnson**

Middle name

**Williams**

Last name

Suffix (Sr., Jr, II, III)

##### About Debtor 2 (Spouse Only in a Joint Case):

**Michael**

First name

**Kent**

Middle name

**Williams**

Last name

Suffix (Sr., Jr, II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx - xx - 8 8 0 7

OR

9xx - xx - — — — —

xxx - xx - 5 6 3 6

OR

9xx - xx - — — — —

Debtor 1  
Debtor 2

<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Your Employer Identification Number (EIN), if any.**

— - - - -

EIN

— - - - -

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

— - - - -

EIN

— - - - -

EIN

**5. Where you live**

**1522 Lochwood Road**

Number Street

**Baltimore, MD 21218**

City State ZIP Code

**Baltimore City**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing *this district* to file for bankruptcy**

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.  
(See 28 U.S.C. § 1408)

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Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.  
(See 28 U.S.C. § 1408)

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Debtor 1  
Debtor 2

<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
First Name	Middle Name	Last Name

Case number (*if known*) \_\_\_\_\_

## Part 2: Tell the Court About Your Bankruptcy Case

- 7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

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**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

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**9. Have you filed for bankruptcy within the last 8 years?**

No.

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

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**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No.

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

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**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1  
Debtor 2

<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

- 12. Are you a sole proprietor of any full- or part-time business?**
- No. Go to Part 4.
- Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any		
Number	Street	
City	State	ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

- 13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1  
Debtor 2

<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes. What is the hazard? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If immediate attention is needed, why is it needed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is the property?  
\_\_\_\_\_  
Number      Street  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1  
Debtor 2

<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1  
Debtor 2

First Name	Donna Michael	Middle Name	Johnson Kent	Last Name	Williams Williams
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Case number (if known) \_\_\_\_\_

## Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	<p>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input type="checkbox"/> No. Go to line 16b.  <input checked="" type="checkbox"/> Yes. Go to line 17.</p> <p>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</p> <p><input type="checkbox"/> No. Go to line 16c.  <input type="checkbox"/> Yes. Go to line 17.</p> <p>16c. State the type of debts you owe that are not consumer debts or business debts.</p> <hr/>				
17. Are you filing under Chapter 7?	<p><input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
18. How many creditors do you estimate that you owe?	<p><input checked="" type="checkbox"/> 1-49      <input type="checkbox"/> 1,000-5,000      <input type="checkbox"/> 25,001-50,000      <input type="checkbox"/> 50,000-100,000      <input type="checkbox"/> More than 100,000</p> <p><input type="checkbox"/> 50-99      <input type="checkbox"/> 5,001-10,000</p> <p><input type="checkbox"/> 100-199      <input type="checkbox"/> 10,001-25,000</p> <p><input type="checkbox"/> 200-999</p>				
19. How much do you estimate your assets to be worth?	<p><input type="checkbox"/> \$0-\$50,000      <input type="checkbox"/> \$1,000,001-\$10 million      <input type="checkbox"/> \$500,000,001-\$1 billion</p> <p><input type="checkbox"/> \$50,001-\$100,000      <input type="checkbox"/> \$10,000,001-\$50 million      <input type="checkbox"/> \$1,000,000,001-\$10 billion</p> <p><input checked="" type="checkbox"/> \$100,001-\$500,000      <input type="checkbox"/> \$50,000,001-\$100 million      <input type="checkbox"/> \$10,000,000,001-\$50 billion</p> <p><input type="checkbox"/> \$500,001-\$1 million      <input type="checkbox"/> \$100,000,001-\$500 million      <input type="checkbox"/> More than \$50 billion</p>				
20. How much do you estimate your liabilities to be?	<p><input type="checkbox"/> \$0-\$50,000      <input type="checkbox"/> \$1,000,001-\$10 million      <input type="checkbox"/> \$500,000,001-\$1 billion</p> <p><input type="checkbox"/> \$50,001-\$100,000      <input type="checkbox"/> \$10,000,001-\$50 million      <input type="checkbox"/> \$1,000,000,001-\$10 billion</p> <p><input checked="" type="checkbox"/> \$100,001-\$500,000      <input type="checkbox"/> \$50,000,001-\$100 million      <input type="checkbox"/> \$10,000,000,001-\$50 billion</p> <p><input type="checkbox"/> \$500,001-\$1 million      <input type="checkbox"/> \$100,000,001-\$500 million      <input type="checkbox"/> More than \$50 billion</p>				

## Part 7: Sign Below

## For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Donna Johnson Williams

Donna Johnson Williams, Debtor 1

Executed on 07/11/2024  
MM/ DD/ YYYY

 /s/ Michael Kent Williams

Michael Kent Williams, Debtor 2

Executed on 07/11/2024  
MM/ DD/ YYYY

Debtor 1  
Debtor 2

<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

X

/s/ Brett Weiss

Signature of Attorney for Debtor

Date 07/11/2024

MM / DD / YYYY

**Brett Weiss**

Printed name

**The Weiss Law Group**

Firm name

**8843 Greenbelt Road 299**

Number Street

**Greenbelt**

City

**MD**

State **20770** ZIP Code

Contact phone (301) 924-4400

Email address brett@BankruptcyLawMaryland.com

**02980**

Bar number

**MD**

State

Fill in this information to identify your case and this filing:

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <u>Maryland</u>			
Case number _____			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

###### 1.1 1522 Lochwood Road

Street address, if available, or other description

Baltimore, MD 21218

City      State      ZIP Code

Baltimore City

County

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$196,000.00

Current value of the portion you own?

\$196,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Tenancy by the Entireties**

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Source of Value: zillow.com

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here →

\$196,000.00

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

Debtor Williams, Donna Johnson; Williams, Michael Kent

Case number (if known) \_\_\_\_\_

3.1	Make: <u>Ford</u>	<b>Who has an interest in the property? Check one.</b>	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Escape</u>	<input type="checkbox"/> Debtor 1 only			
Year: <u>2011</u>	<input type="checkbox"/> Debtor 2 only			
Approximate mileage: <u>164818</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
Other information:	<input type="checkbox"/> <b>Check if this is community property (see instructions)</b>			
				<b>Current value of the entire property?</b> <u>\$500.00</u>
				<b>Current value of the portion you own?</b> <u>\$500.00</u>

## 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

4.1	Make: _____	<b>Who has an interest in the property? Check one.</b>	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: _____	<input type="checkbox"/> Debtor 1 only			
Year: _____	<input type="checkbox"/> Debtor 2 only			
Other information:	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> <b>Check if this is community property (see instructions)</b>			
				<b>Current value of the entire property?</b> _____
				<b>Current value of the portion you own?</b> _____

## 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ..... →

\$500.00

## Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

## 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No  
 Yes. Describe. ....

**Household goods and furnishings, appliances, furniture, linens, china, kitchenware, etc.**

\$1,500.00

## 7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No  
 Yes. Describe. ....

**Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games, etc.**

\$300.00

Debtor Williams, Donna Johnson; Williams, Michael Kent

Case number (if known) \_\_\_\_\_

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe. ....

**Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles, etc.**

\$0.00

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe. ....

**Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; tools; musical instruments**

\$10.00

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe. ....

**3 Rifles**

\$300.00

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe. ....

**Clothing and wearing apparel, outerwear, furs, leather coats, designer wear, shoes, accessories**

\$200.00

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe. ....

**Costume jewelry, rings, necklaces, earrings, bracelets, brooches, watches, gemstones, gold, silver flatware**

\$1,000.00

**Sterling Silver Flatware**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

 No Yes. Describe. ....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information. ....

**Prescribed Health Aids**

\$5.00

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$3,315.00

Debtor Williams, Donna Johnson; Williams, Michael Kent

Case number (if known) \_\_\_\_\_

## Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes .....

Cash: .....

**\$35.75****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes .....

Institution name:

**Bank of America****Account Number: XXX3662****\$197.77****M&T Bank****Account Number: XXX9159****\$846.84**

**Truist Bank; Treasurer for § 501(c)(3) entity. Debtor 1's name is on account with signature authority, but has no personal funds in account. The Debtor also maintains some of the organization's records at her residence.**

17.3. Checking account:

**unknown****First Financial FCU****Account Number: XXX5630****\$154.68****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes .....

Institution or issuer name:

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**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

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Debtor Williams, Donna Johnson; Williams, Michael Kent

Case number (if known) \_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

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**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

IRA:	<u>M&amp;T Bank, xxx9159</u>	<u>\$266.17</u>
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**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes .....

Institution name or individual:

Electric: \_\_\_\_\_

Gas: \_\_\_\_\_

Heating oil: \_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_

Prepaid rent: \_\_\_\_\_

Telephone: \_\_\_\_\_

Water: \_\_\_\_\_

Rented furniture: \_\_\_\_\_

Other: \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes ..... Issuer name and description:

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Debtor Williams, Donna Johnson; Williams, Michael Kent

Case number (if known) \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes ..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

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**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them. ....
**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them. ....
**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them. ....
**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal:

State:

Local:

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

Debtor Williams, Donna Johnson; Williams, Michael Kent

Case number (if known) \_\_\_\_\_

 No Yes. Give specific information. ....

Alimony:	_____
Maintenance:	_____
Support:	_____
Divorce settlement:	_____
Property settlement:	_____

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

## 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information. ....

_____	_____
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## 31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value. ....

Company name:	Beneficiary:	Surrender or refund value:
New York Life Policy xxx7740	Michael Williams (spouse)	unknown
Prudential Life	Donna Williams (Spouse)	\$7,092.00
Transamerica Life Policy xxx0763	Michael Williams (spouse)	unknown
Transamerica Life Policy xxx0770	Donna Williams (Spouse)	unknown
Transamerica Life Policy xxx3746	Michael Williams (spouse)	unknown
United of Omaha Life Insurance Policy xxx4676	Michael Williams (spouse)	unknown

## 32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information. ....

_____	_____
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## 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim. ....

Potential Class Action regarding MedStar Health, Inc. Retirement Savings Plan	unknown
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Debtor Williams, Donna Johnson; Williams, Michael Kent

Case number (if known) \_\_\_\_\_

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

 No Yes. Describe each claim. ....

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35. Any financial assets you did not already list

 No Yes. Give specific information. ....

Gift Cards	\$50.00
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36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here ..... →

\$8,643.21	
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**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

 No. Go to Part 6. Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

 No Yes. Describe. ....

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39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe. ....

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40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe. ....

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41. Inventory

 No Yes. Describe. ....

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Debtor Williams, Donna Johnson; Williams, Michael Kent

Case number (if known) \_\_\_\_\_

## 42. Interests in partnerships or joint ventures

 No Yes. Describe .....

Name of entity:

% of ownership:

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## 43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe. ....

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## 44. Any business-related property you did not already list

 No Yes. Give specific information .....

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## 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here ..... →

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.

## 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

Debtor Williams, Donna Johnson; Williams, Michael Kent

Case number (if known) \_\_\_\_\_

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

 No Yes .....

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**48. Crops—either growing or harvested** No Yes. Give specific information. ....

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**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade** No Yes .....

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**50. Farm and fishing supplies, chemicals, and feed** No Yes .....

--	--

**51. Any farm- and commercial fishing-related property you did not already list** No Yes. Give specific information. ....

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**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** →

\$0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information. ....


**54. Add the dollar value of all of your entries from Part 7. Write that number here** →

\$0.00

**Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2** →

\$196,000.00

**56. Part 2: Total vehicles, line 5** \$500.00**57. Part 3: Total personal and household items, line 15** \$3,315.00

Debtor Williams, Donna Johnson; Williams, Michael KentCase number (*if known*) \_\_\_\_\_

58. Part 4: Total financial assets, line 36	<u>\$8,643.21</u>
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>
61. Part 7: Total other property not listed, line 54	<u>+ \$0.00</u>
62. Total personal property. Add lines 56 through 61. ....	<u>\$12,458.21</u>
	Copy personal property total → <u>+ \$12,458.21</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62. ....	<u>\$208,458.21</u>

Fill in this information to identify your case:

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <b>Maryland</b>			
Case number _____ (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

**For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.**

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>2011 Ford Escape</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> Debtor 1: \$250.00 (50.00%) Debtor 2: \$250.00 (50.00%) <u>Total: \$500.00</u>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Md. Code Ann., Cts. &amp; Jud. Proc. § 11-504(f)(1)(i)(1)</u>
Line from <i>Schedule A/B</i> : <u>3.1</u>			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>	Case number (if known) _____
Debtor 2	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>	
	First Name	Middle Name	Last Name	

## Part 2: Additional Page

<b>Brief description of the property and line on Schedule A/B that lists this property</b>		<b>Current value of the portion you own</b> Copy the value from Schedule A/B	<b>Amount of the exemption you claim</b> <i>Check only one box for each exemption.</i>	<b>Specific laws that allow exemption</b>
Brief description:	<u>Household goods and furnishings, appliances, furniture, linens, china, kitchenware, etc.</u>	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> Debtor 1: \$750.00 (50.00%) <input checked="" type="checkbox"/> Debtor 2: \$750.00 (50.00%) <u>Total: \$1,500.00</u>	<u>Md. Code Ann., Cts. &amp; Jud. Proc. § 11-504(b)(4)</u>
Line from Schedule A/B:	<u>6</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games, etc.</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> Debtor 1: \$150.00 (50.00%) <input checked="" type="checkbox"/> Debtor 2: \$150.00 (50.00%) <u>Total: \$300.00</u>	<u>Md. Code Ann., Cts. &amp; Jud. Proc. § 11-504(b)(4)</u>
Line from Schedule A/B:	<u>7</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; tools; musical instruments</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> Debtor 1: \$5.00 (50.00%) <input checked="" type="checkbox"/> Debtor 2: \$5.00 (50.00%) <u>Total: \$10.00</u>	<u>Md. Code Ann., Cts. &amp; Jud. Proc. § 11-504(b)(4)</u>
Line from Schedule A/B:	<u>9</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>	Case number (if known)
Debtor 2	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>	

First Name      Middle Name      Last Name

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>3 Rifles</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> Debtor 1: \$150.00 (50.00%) Debtor 2: \$150.00 (50.00%) <u>Total: \$300.00</u>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. <u>Proc. § 11-504(f)(1)(i)(1)</u>
Line from Schedule A/B: <u>10</u>			
Brief description: <u>Costume jewelry, rings, necklaces, earrings, bracelets, brooches, watches, gemstones, gold, silver flatware</u>	<u>\$400.00</u>	<input checked="" type="checkbox"/> Debtor 1: \$200.00 (50.00%) Debtor 2: \$200.00 (50.00%) <u>Total: \$400.00</u>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. <u>Proc. § 11-504(f)(1)(i)(1)</u>
Line from Schedule A/B: <u>12</u>			
Brief description: <u>Cash on hand</u>	<u>\$35.75</u>	<input checked="" type="checkbox"/> Debtor 1: \$17.88 (50.00%) Debtor 2: \$17.88 (50.00%) <u>Total: \$35.75</u>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. <u>Proc. § 11-504(f)(1)(i)(1)</u>
Line from Schedule A/B: <u>16</u>			
Brief description: <u>M&amp;T Bank Checking account Acct. No.: XXX9159</u>	<u>\$846.84</u>	<input checked="" type="checkbox"/> Debtor 1: \$423.42 (50.00%) Debtor 2: \$423.42 (50.00%) <u>Total: \$846.84</u>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. <u>Proc. § 11-504(f)(1)(i)(1)</u>
Line from Schedule A/B: <u>17</u>			
Brief description: <u>Bank of America Checking account Acct. No.: XXX3662</u>	<u>\$197.77</u>	<input checked="" type="checkbox"/> Debtor 1: \$98.88 (50.00%) Debtor 2: \$98.88 (50.00%) <u>Total: \$197.77</u>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. <u>Proc. § 11-504(f)(1)(i)(1)</u>
Line from Schedule A/B: <u>17</u>			
Brief description: <u>First Financial FCU Savings account Acct. No.: XXX5630</u>	<u>\$154.68</u>	<input checked="" type="checkbox"/> Debtor 1: \$77.34 (50.00%) Debtor 2: \$77.34 (50.00%) <u>Total: \$154.68</u>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. <u>Proc. § 11-504(f)(1)(i)(1)</u>
Line from Schedule A/B: <u>17</u>			

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>	Case number (if known) _____
Debtor 2	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>	
	First Name	Middle Name	Last Name	

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description:	Truist Bank; Treasurer for § 501(c)(3) entity. Debtor 1's name is on account with signature authority, but has no personal funds in account. The Debtor also maintains some of the organization's records at her residence.	<u>unknown</u>		
	<u>Checking account</u>		<input checked="" type="checkbox"/> <u>unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Md. Code Ann., Cts. &amp; Jud. Proc. § 11-504(f)(1)(i)(1)</u>
Line from Schedule A/B:	<u>17</u>			
Brief description:	M&T Bank, xxx9159	<u>\$266.17</u>	<input checked="" type="checkbox"/> <b>Debtor 1: \$133.08 (50.00%) Debtor 2: \$133.08 (50.00%) Total: \$266.17</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Md. Code Ann., Cts. &amp; Jud. Proc. § 11-504(h)</u>
Line from Schedule A/B:	<u>21</u>			
Brief description:	United of Omaha Life Insurance Policy xxx4676	<u>unknown</u>		
Line from Schedule A/B:	<u>31</u>		<input checked="" type="checkbox"/> <u>unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Md. Code Ann., Ins. § 16-111(a), Est. &amp; Trust §8-115</u>
Brief description:	New York Life Policy xxx7740	<u>unknown</u>		
Line from Schedule A/B:	<u>31</u>		<input checked="" type="checkbox"/> <u>unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Md. Code Ann., Ins. § 16-111(a), Est. &amp; Trust §8-115</u>
Brief description:	Prudential Life	<u>\$7,092.00</u>	<input checked="" type="checkbox"/> <b>Debtor 1: \$0.00 (0.00%) Debtor 2: \$7,092.00 (100.00%) Total: \$7,092.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Md. Code Ann., Ins. § 16-111(a), Est. &amp; Trust §8-115</u>
Line from Schedule A/B:	<u>31</u>			
Brief description:	Transamerica Life Policy xxx0763	<u>unknown</u>		
Line from Schedule A/B:	<u>31</u>		<input checked="" type="checkbox"/> <u>unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Md. Code Ann., Ins. § 16-111(a), Est. &amp; Trust §8-115</u>
Brief description:	Transamerica Life Policy xxx3746	<u>unknown</u>		
Line from Schedule A/B:	<u>31</u>		<input checked="" type="checkbox"/> <u>unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Md. Code Ann., Ins. § 16-111(a), Est. &amp; Trust §8-115</u>

Debtor 1 Donna Johnson Williams Case number (if known) \_\_\_\_\_

Debtor 2 Michael Kent Williams

First Name Middle Name Last Name

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>Transamerica Life Policy xxx0770</u>	<u>unknown</u>	<input checked="" type="checkbox"/> <u>unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Md. Code Ann., Ins. § 16-111(a), Est. &amp; Trust §8-115</u>
Line from Schedule A/B: <u>31</u>			
Brief description: <u>Potential Class Action regarding MedStar Health, Inc. Retirement Savings Plan</u>	<u>unknown</u>	<input checked="" type="checkbox"/> <u>unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Md. Code Ann., Cts. &amp; Jud. Proc. § 11-504(h)</u>
Line from Schedule A/B: <u>33</u>			
Brief description: <u>Gift Cards</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <b>Debtor 1: \$25.00 (50.00%) Debtor 2: \$25.00 (50.00%) Total: \$50.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Md. Code Ann., Cts. &amp; Jud. Proc. § 11-504(f)(1)(i)(1)</u>
Line from Schedule A/B: <u>35</u>			

Fill in this information to identify your case:

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <b>Maryland</b>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 <b>MGC Mortgage, Inc.</b>  Creditor's Name <b>7195 Dallas Parkway</b>  Number Street <b>Plano, TX 75024</b>  City State ZIP Code	Describe the property that secures the claim: <b>1522 Lochwood Road Baltimore, MD 21218</b>	\$42,257.00	\$196,000.00
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Nature of lien. Check all that apply.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	
Date debt was incurred _____	Last 4 digits of account number	2 4 9 5	
Add the dollar value of your entries in Column A on this page. Write that number here: <b>\$42,257.00</b>			

Fill in this information to identify your case:

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <b>Maryland</b>			
Case number _____ (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

##### 1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

##### 3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

##### 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<b>Amazon/Chase</b> Nonpriority Creditor's Name <b>410 Terry Avenue N</b> Number Street	Last 4 digits of account number	<b>0 9 9 3</b>
		When was the debt incurred?	
	<b>Seattle, WA 98109-0000</b> City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>	Case number (if known) _____
Debtor 2	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
<b>4.2 American Express</b>	Nonpriority Creditor's Name	Last 4 digits of account number	<u>3</u> <u>0</u> <u>0</u> <u>7</u>	\$18,518.00
<b>Post Office 981535</b>	Number Street	When was the debt incurred?		
<b>El Paso, TX 79998</b>	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>4.3 BGE</b>	Nonpriority Creditor's Name	Last 4 digits of account number	<u>2</u> <u>0</u> <u>0</u> <u>0</u>	\$2,790.76
<b>PO Box 1475</b>	Number Street	When was the debt incurred?		
<b>Baltimore, MD 21203-0000</b>	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>	Case number (if known) _____
Debtor 2	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
<b>4.4</b>	<b>CAPITAL ONE</b>		Last 4 digits of account number <u>2 4 7 3</u>	<u>\$2,949.55</u>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>PO Box BOX 30285</b>				
Number	Street	As of the date you file, the claim is: Check all that apply.		
<b>Salt Lake City, UT 84130-0285</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>4.5</b>	<b>Capital One/Walmart</b>		Last 4 digits of account number <u>7 6 9 2</u>	<u>\$7,800.82</u>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>PO Box 30285</b>				
Number	Street	As of the date you file, the claim is: Check all that apply.		
<b>Salt Lake City, UT 84130</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>	Case number (if known) _____
Debtor 2	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
<b>4.6</b>	<b>Citibank Preferred Master Card</b>		Last 4 digits of account number <u>4</u> <u>5</u> <u>6</u> <u>4</u>	<b>\$1,041.67</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>PO Box 6204</b>				
Number	Street	As of the date you file, the claim is: Check all that apply.		
<b>Sioux Falls, SD 57117-0000</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>4.7</b>	<b>Costco</b>		Last 4 digits of account number <u>6</u> <u>2</u> <u>9</u> <u>6</u>	<b>\$3,880.91</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>PO Box 790046</b>				
Number	Street	As of the date you file, the claim is: Check all that apply.		
<b>Saint Louis, MO 63179-0046</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>	Case number (if known) _____
Debtor 2	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.					Total claim
4.8	<b>Exxon-Mobil</b>		Last 4 digits of account number	<u>0</u> <u>6</u> <u>8</u> <u>3</u>	\$761.53
	Nonpriority Creditor's Name		When was the debt incurred? _____		
	<b>PO Box 7032</b>				
	Number	Street	As of the date you file, the claim is: Check all that apply.		
	<b>Sioux Falls, SD 57117</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	City	State	ZIP Code	Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
	Who incurred the debt? Check one.			Is the claim subject to offset?	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.9	<b>Mayor And City Council Of Baltimore</b>		Last 4 digits of account number	<u>1</u> <u>8</u> <u>5</u> <u>1</u>	\$1,706.67
	Nonpriority Creditor's Name		When was the debt incurred? _____		
	<b>Bureau Of Revenue Collections</b>				
	Number	Street	As of the date you file, the claim is: Check all that apply.		
	<b>200 Holliday St</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	City	State	ZIP Code	Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility</u>		
	Who incurred the debt? Check one.			Is the claim subject to offset?	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>	Case number (if known) _____
Debtor 2	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.					Total claim
<b>4.10</b>	<b>MedStar Health</b>		Last 4 digits of account number	<u>0</u> <u>2</u> <u>5</u> <u>5</u>	<u>unknown</u>
	Nonpriority Creditor's Name		When was the debt incurred?		
	<b>8013 Corporate Drive</b>				
	Number	Street	As of the date you file, the claim is: Check all that apply.		
	<b>Nottingham, MD 21236</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	City	State	ZIP Code		
	Who incurred the debt? Check one.			Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>4.11</b>	<b>Synchrony Bank/Lowe's</b>		Last 4 digits of account number	<u>8</u> <u>9</u> <u>7</u> <u>5</u>	<u>\$1,971.61</u>
	Nonpriority Creditor's Name		When was the debt incurred?		
	<b>PO Box 965005</b>				
	Number	Street	As of the date you file, the claim is: Check all that apply.		
	<b>Orlando, FL 32896-0000</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	City	State	ZIP Code		
	Who incurred the debt? Check one.			Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>	Case number (if known) _____
Debtor 2	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
<b>4.12</b>	<b>Synchrony Bank/Sam's Club</b>		Last 4 digits of account number	<b>\$8,847.63</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>PO Box 530942</b>				
Number	Street	As of the date you file, the claim is: Check all that apply.		
<b>Atlanta, GA 30353-0000</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>4.13</b>	<b>Truist Bank</b>		Last 4 digits of account number	<b>\$954.00</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>214 N. Tryon Street</b>				
Number	Street	As of the date you file, the claim is: Check all that apply.		
<b>Charlotte, NC 28202-0000</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>	Case number (if known) _____
Debtor 2	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.14	<b>Upgrade</b>	Last 4 digits of account number	<u>7</u> <u>5</u> <u>3</u> <u>7</u>	\$12,584.00
Nonpriority Creditor's Name		When was the debt incurred?		
<b>2 N. Central Avenue Floor 10</b>				
Number	Street	As of the date you file, the claim is: Check all that apply.		
<b>Phoenix, AZ 85004</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>	Case number (if known) _____
Debtor 2	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>	
	First Name	Middle Name	Last Name	

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

		<b>Total claim</b>
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	<u>\$0.00</u>
<b>Total claims from Part 2</b>	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$65,247.15</u>
	6j. Total. Add lines 6f through 6i.	<u>\$65,247.15</u>

Fill in this information to identify your case:

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>District of Maryland</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for
2.1	Name _____ Number Street _____ City _____ State _____ ZIP Code _____			
2.2	Name _____ Number Street _____ City _____ State _____ ZIP Code _____			
2.3	Name _____ Number Street _____ City _____ State _____ ZIP Code _____			
2.4	Name _____ Number Street _____ City _____ State _____ ZIP Code _____			

Fill in this information to identify your case:

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <b>Maryland</b>			
Case number _____ (if known)			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_  Schedule D, line \_\_\_\_\_

Number Street \_\_\_\_\_  Schedule E/F, line \_\_\_\_\_

City State ZIP Code \_\_\_\_\_  Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_  Schedule D, line \_\_\_\_\_

Number Street \_\_\_\_\_  Schedule E/F, line \_\_\_\_\_

City State ZIP Code \_\_\_\_\_  Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>District of Maryland</b>		
Case number (if known)			

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
 MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed
Occupation		
Employer's name		
Employer's address	Number Street	Number Street
	_____	_____
	_____	_____
	_____	_____
City	State	Zip Code
How long employed there?	_____	

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. _____ <b>\$0.00</b>	_____ <b>\$0.00</b>
3. Estimate and list monthly overtime pay.	3. + _____ <b>\$0.00</b>	+ _____ <b>\$0.00</b>
4. Calculate gross income. Add line 2 + line 3.	4. _____ <b>\$0.00</b>	_____ <b>\$0.00</b>

Debtor 1  
Debtor 2

First Name	Donna Michael	Middle Name	Johnson Kent	Last Name	Williams Williams
------------	------------------	-------------	-----------------	-----------	----------------------

Case number (if known) \_\_\_\_\_

Copy line 4 here..... →

	For Debtor 1	For Debtor 2 or non-filing spouse
--	--------------	--------------------------------------

## 5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

4.	\$0.00	\$0.00
----	--------	--------

5b. Mandatory contributions for retirement plans

5a.	\$0.00	\$0.00
-----	--------	--------

5c. Voluntary contributions for retirement plans

5b.	\$0.00	\$0.00
-----	--------	--------

5d. Required repayments of retirement fund loans

5c.	\$0.00	\$0.00
-----	--------	--------

5e. Insurance

5d.	\$0.00	\$0.00
-----	--------	--------

5f. Domestic support obligations

5e.	\$0.00	\$0.00
-----	--------	--------

5g. Union dues

5f.	\$0.00	\$0.00
-----	--------	--------

5h. Other deductions. Specify: \_\_\_\_\_

5g.	+	\$0.00	+	\$0.00
-----	---	--------	---	--------

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6.	\$0.00	\$0.00
----	--------	--------

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7.	\$0.00	\$0.00
----	--------	--------

## 8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

8a.	\$0.00	\$0.00
-----	--------	--------

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8b. Interest and dividends

8b.	\$0.00	\$0.00
-----	--------	--------

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

8c.	\$0.00	\$0.00
-----	--------	--------

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8d. Unemployment compensation

8d.	\$0.00	\$0.00
-----	--------	--------

8e. Social Security

8e.	\$0.00	\$0.00
-----	--------	--------

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_

8f.	\$0.00	\$0.00
-----	--------	--------

8g. Pension or retirement income

8g.	\$0.00	\$0.00
-----	--------	--------

8h. Other monthly income. Specify: \_\_\_\_\_

8h.	+	\$0.00	+	\$0.00
-----	---	--------	---	--------

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9.	\$0.00	\$0.00
----	--------	--------

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse

10.	\$0.00	\$0.00
-----	--------	--------

+	\$0.00	\$0.00
---	--------	--------

=	\$0.00
---	--------

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. +	\$0.00
-------	--------

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12.	\$0.00
-----	--------

Combined  
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

 No. Yes. Explain:

Debtor 1 receives monthly Social Security of \$1,480.00. Debtor 2 receives monthly Social Security of \$2,499.40.
--

Fill in this information to identify your case:

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>District of Maryland</b>		
Case number (if known)			

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:  
 \_\_\_\_\_  
 MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

##### 2. Do you have dependents?

No

- Do not list Debtor 1 and Debtor 2.  
 Yes. Fill out this information for each dependent.....

##### Dependent's relationship to Debtor 1 or Debtor 2

##### Dependent's age

##### Does dependent live with you?

_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \_\_\_\_\_ \$734.04

##### If not included in line 4:

- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

4a. \_\_\_\_\_ \$192.00  
 4b. \_\_\_\_\_ \$74.00  
 4c. \_\_\_\_\_ \$50.00  
 4d. \_\_\_\_\_ \$0.00

Debtor 1  
Debtor 2

First Name	Donna Michael	Middle Name	Johnson Kent	Last Name	Williams Williams
------------	------------------	-------------	-----------------	-----------	----------------------

Case number (if known) \_\_\_\_\_

		Your expenses
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5. _____ \$0.00
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	6a. _____ \$300.00
6b.	Water, sewer, garbage collection	6b. _____ \$100.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$481.00
6d.	Other. Specify: _____	6d. _____ \$0.00
7.	<b>Food and housekeeping supplies</b>	7. _____ \$900.00
8.	<b>Childcare and children's education costs</b>	8. _____ \$0.00
9.	<b>Clothing, laundry, and dry cleaning</b>	9. _____ \$25.00
10.	<b>Personal care products and services</b>	10. _____ \$55.00
11.	<b>Medical and dental expenses</b>	11. _____ \$300.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$35.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. _____ \$30.00
14.	<b>Charitable contributions and religious donations</b>	14. _____ \$40.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ \$155.00
15b.	Health insurance	15b. _____ \$405.00
15c.	Vehicle insurance	15c. _____ \$240.00
15d.	Other insurance. Specify: _____	15d. _____ \$0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____ \$0.00
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	17a. _____ \$0.00
17b.	Car payments for Vehicle 2	17b. _____ \$0.00
17c.	Other. Specify: _____	17c. _____ \$0.00
17d.	Other. Specify: _____	17d. _____ \$0.00
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. _____ \$0.00
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. _____ \$0.00
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	20a. _____ \$0.00
20b.	Real estate taxes	20b. _____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c. _____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d. _____ \$0.00
20e.	Homeowner's association or condominium dues	20e. _____ \$0.00

Debtor 1  
Debtor 2

<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
First Name	Middle Name	Last Name

Case number (*if known*) \_\_\_\_\_

21. Other. Specify: See Additional Page

21. + \$427.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$4,543.04

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$4,543.04

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$0.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$4,543.04

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. (\$4,543.04)

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

None

Yes.

Debtor 1  
Debtor 2

<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
First Name	Middle Name	Last Name

Case number (*if known*) \_\_\_\_\_

**Amount**

**21. Other**

Birdseed	\$20.00
Subscriptions	\$390.00
Costco/Sam's, etc.	\$17.00

Fill in this information to identify your case:

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>District of Maryland</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

##### Your assets

Value of what you own

##### 1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<b>\$196,000.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<b>\$12,458.21</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	<b>\$208,458.21</b>

#### Part 2: Summarize Your Liabilities

##### Your liabilities

Amount you owe

##### 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D.....	<b>\$42,257.00</b>
---	--------------------

##### 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<b>\$0.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ <b>\$65,247.15</b>

##### Your total liabilities

**\$107,504.15**

#### Part 3: Summarize Your Income and Expenses

##### 4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<b>\$0.00</b>
---	---------------

##### 5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<b>\$4,543.04</b>
---	-------------------

Debtor 1  
Debtor 2

First Name	Donna Michael	Middle Name	Johnson Kent	Last Name	Williams Williams
------------	------------------	-------------	-----------------	-----------	----------------------

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$0.00

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00

9d. Student loans. (Copy line 6f.) \$0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$0.00

9g. **Total.** Add lines 9a through 9f. \$0.00

Fill in this information to identify your case:

Debtor 1	<b>Donna</b>	<b>Johnson</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Michael</b>	<b>Kent</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>District of Maryland</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Donna Johnson Williams  
 Donna Johnson Williams, Debtor 1

Date 07/11/2024  
 MM/ DD/ YYYY

X /s/ Michael Kent Williams  
 Michael Kent Williams, Debtor 2

Date 07/11/2024  
 MM/ DD/ YYYY

IN THE UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MARYLAND  
BALTIMORE DIVISION

IN RE: Williams, Donna Johnson  
Williams, Michael Kent

CASE NO  
CHAPTER 13

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 07/11/2024 Signature /s/ Donna Johnson Williams  
Donna Johnson Williams, Debtor

Date 07/11/2024 Signature /s/ Michael Kent Williams  
Michael Kent Williams, Joint Debtor

Amazon/Chase  
410 Terry Avenue N  
Seattle, WA 98109-0000

American Express  
Post Office 981535  
El Paso, TX 79998

BGE  
PO Box 1475  
Baltimore, MD 21203-0000

CAPITAL ONE  
PO Box BOX 30285  
Salt Lake City, UT 84130-0285

Capital One/Walmart  
PO Box 30285  
Salt Lake City, UT 84130

Citibank Preferred Master  
Card  
PO Box 6204  
Sioux Falls, SD 57117-0000

Costco  
PO Box 790046  
Saint Louis, MO 63179-0046

Exxon-Mobil  
PO Box 7032  
Sioux Falls, SD 57117

Mayor And City Council Of  
Baltimore  
Bureau Of Revenue Collections  
200 Holliday St  
Baltimore, MD 21202-3618

MedStar Health  
8013 Corporate Drive  
Nottingham, MD 21236

MGC Mortgage, Inc.  
7195 Dallas Parkway  
Plano, TX 75024

Synchrony Bank/Lowe's  
PO Box 965005  
Orlando, FL 32896-0000

Synchrony Bank/Sam's Club  
PO Box 530942  
Atlanta, GA 30353-0000

Truist Bank  
214 N. Tryon Street  
Charlotte, NC 28202-0000

Upgrade  
2 N. Central Avenue Floor 10  
Phoenix, AZ 85004